

STANDARD CERTIFICATE OF DEATH

2583

FILED FEB 4 1957

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State File No. 505 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY OR TOWN <b>St. Louis</b>			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>01 IO18 No. I4th, Street</b>				STREET ADDRESS (If rural, give location) <b>2257 1/2 IO18 No. I4th, Street</b>									
3. NAME OF DECEASED (Type or Print) <b>Richard</b>			a. (First)			b. (Middle)			c. (Last) <b>Brown</b>				
4. DATE OF DEATH <b>1-14-1957</b>			5. SEX <b>2 Male</b>			6. COLOR OR RACE <b>Negro</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>				
8. DATE OF BIRTH <b>Sept. 8, 1901</b>			9. AGE (In years last birthday) <b>55</b>			IF UNDER 1 YEAR Months <b>4</b> Days <b>6</b>			IF UNDER 24 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <b>0 St. Louis Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wash Brown</b>				13b. MOTHER'S MAIDEN NAME <b>Betty Burns</b>				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>			16. SOCIAL SECURITY NO. <b>unknown</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mary McMenus</b> ADDRESS <b>IO18 No. I4th, Street</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION : DIRECTLY LEADING TO DEATH* (a) <b>Broncho Pneumonia (empyema)</b> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES <b>(W.M.A.)</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <b>0</b> YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on _____, 19____, and that death occurred at <b>6:30A</b> m., from the causes and on the date stated above.													
23a. SIGNATURE <b>Mary McMenus</b>				23b. ADDRESS <b>1300 Clark</b>				23c. DATE SIGNED <b>1/15/57</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24b. DATE <b>1-19-57</b>			24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>				
DATE REC'D BY LOCAL REG. <b>JAN 17 '57</b>				REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Peoples Undertaking Co.</b> ADDRESS <b>3100 Franklin</b>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575 Ala*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.